Case 19-10430 Doc 14 Filed 02/05/19 Page 1 of 22

	Case 19-10-	+30 D0C 14	1 lied 02/03/19 1 age 1 01 22	•	
Fill	l in this information to identify your case:				
Del	btor 1 Kimdra L. McNeil				
		dle Name	Last Name		
	btor 2 puse if, filing) First Name Mid	dle Name	Last Name		
Uni	ited States Bankruptcy Court for the: DISTRI	CT OF MARYLAND			
Cas	se number 19-10430				
	nown)			_	eck if this is an
				ame	ended filing
<u>~</u>	W. 1.1 E 4000				
	ficial Form 106Sum	abilities and C	artain Statiatical Information	.	
	Immary of Your Assets and Lia as complete and accurate as possible. If two				12/15
info	rmation. Fill out all of your schedules first; t	hen complete the info	ormation on this form. If you are filing am		
	r original forms, you must fill out a new Sum	imary and check the t	oox at the top of this page.		
Par	rt 1: Summarize Your Assets				
					assets e of what you own
1.	Schedule A/B: Property (Official Form 106A)	/B)			,
	1a. Copy line 55, Total real estate, from Sche	dule A/B		\$	490,000.00
	1b. Copy line 62, Total personal property, from	n Schedule A/B		\$	29,800.00
	1c. Copy line 63, Total of all property on Sche	dule A/B		\$	519,800.00
Par	rt 2: Summarize Your Liabilities				
				Your	· liabilities
					unt you owe
2.	Schedule D: Creditors Who Have Claims Sec 2a. Copy the total you listed in Column A, Am			D \$ _	403,012.00
3.	Schedule E/F: Creditors Who Have Unsecure	d Claims (Official Form	106E/F)	_	40,000,00
	3a. Copy the total claims from Part 1 (priority	unsecured claims) from	m line 6e of Schedule E/F	\$ _	10,000.00
	3b. Copy the total claims from Part 2 (nonprio	ority unsecured claims)	from line 6j of Schedule E/F	\$ _	80,000.00
			Vous total linkilis	: C	400.040.00
			Your total liabiliti	es \$	493,012.00
Par	rt 3: Summarize Your Income and Expense	es.		•	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line	e 12 of Schedule I		\$ _	5,276.66
5.	Schedule J: Your Expenses (Official Form 100 Copy your monthly expenses from line 22c of	6J) Schedule J		\$	4,960.00
Par	rt 4: Answer These Questions for Administ				
6.	Are you filing for bankruptcy under Chapte ☐ No. You have nothing to report on this pa		his box and submit this form to the court with	n your other	schedules.
	Yes				
7.	What kind of debt do you have?				
	Your debts are primarily consumer de household purpose." 11 U.S.C. § 101(8).		are those "incurred by an individual primarily statistical purposes. 28 U.S.C. § 159.	for a persor	nal, family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 Kimdra L. McNeil Case number (if known) 19-10430

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,883.00

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tota	l claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	10,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	10,000.00

	Casi	2 19-1043	0 000 14	FIIEG 02/05/ I	9 Page	3 01 22		
Fill in this infor	rmation to identify you	ur case and thi	is filing:					
Debtor 1	Kimdra L. McNe	eil						
Dahtan 0	First Name	Middle 1	Name	Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle 1	Name	Last Name				
United States Ba	ankruptcy Court for the	: DISTRICT C)F MARYLAND					
Case number	19-10430							Check if this is an amended filing
Official Fo	orm 106A/B							
Schedul	le A/B: Pro	perty						12/15
Part 1: Describe		ng, Land, or Othe	er Real Estate You	Own or Have an Interest	t In	case number (ii	Kilowiij.	Allswei every question
	Street, NE s, if available, or other descripti	on	☐ Single-fam ☐ Duplex or ☐ Condomin	nerty? Check all that apply nilly home multi-unit building ium or cooperative ured or mobile home	am Cre	ount of any secur	ed claims Claims S	s or exemptions. Put the s on Schedule D: Secured by Property.
Washingt	ton DC 20	0019-9000	☐ Land			tire property?		ortion you own?
City	State	ZIP Code	☐ Investmen ☐ Timeshare			\$490,000.	00	\$490,000.00
			Other	7				ownership interest y by the entireties, or
			_	rest in the property? Che	eck one a li	fe estate), if kno	wn.	
District o	of Columb		Debtor 1 c	•				
County			☐ Debtor 1 a	and Debtor 2 only ne of the debtors and anot on you wish to add about		Check if this is (see instructions) h as local	s commu	nity property
pages you l	llar value of the portio have attached for Part							\$490,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Deb	otor 1 Kimdra L. McNe	eil	Case number (if known) 19	-10430
3. C	ars, vans, trucks, tractors	s, sport utility vehicles, motorcycles		
	l No			
	l _{Yes}			
3.1	Make: BMW	Who has an interest in the property? Check one		claims or exemptions. Put ared claims on Schedule D:
	Model: X3	■ Debtor 1 only	Creditors Who Have C	aims Secured by Property.
	Year: 2015	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
		Check if this is community property (see instructions)	\$25,000.00	\$25,000.00
5 /		portion you own for all of your entries from Part 2, includir or Part 2. Write that number here		\$25,000.00
	3: Describe Your Personal a			O
DO	you own or nave any legal	l or equitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E	□No	ishings , furniture, linens, china, kitchenware		
	Yes. Describe			
	fu	rnishing		\$2,850.00
			 ,	
E		adios; audio, video, stereo, and digital equipment; computers, pones, cameras, media players, games	orinters, scanners; music colle	ections; electronic devices
_	Yes. Describe			
E	other collections,	urines; paintings, prints, or other artwork; books, pictures, or oth memorabilia, collectibles	er art objects; stamp, coin, or	baseball card collections;
_	■ No ☑ Yes. Describe			
		addition.		
E	musical instrume	phic, exercise, and other hobby equipment; bicycles, pool tables	s, golf clubs, skis; canoes and	kayaks; carpentry tools;
	■ No □ Yes. Describe			
10.	Firearms Examples: Pistols, rifles, sh	notguns, ammunition, and related equipment		
	No			

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Debto	or 1	Kimdra L. M	cNeil		Case number (if known)	19-10430
	lothes					
_	<i>∃xamp</i> No	les: Everyday cl	othes, furs, leather coats	, designer wear, shoes, accessories		
		Describe				

			clothing			\$900.00
	Examp No		welry, costume jewelry, e	engagement rings, wedding rings, heirloom jev	welry, watches, gems,	gold, silver
			watch, ring, neckla	CO.		\$600.00
			waten, ring, neckia	ce 		φουο.υυ
E	Ехатр	m animals les: Dogs, cats,	birds, horses			
	No Yes.	Describe				
	-	er personal an	d household items you	did not already list, including any health a	ids you did not list	
	No Yes.	Give specific inf	formation			
4.5	A .1 .1 .11		-f -ll -f	Part O. baskedbar and added for a second		
				om Part 3, including any entries for pages y	you nave attached	\$4,350.00
Don't 4	.	ik- VFi	-:-!			
		cribe Your Finand n or have any l		st in any of the following?		Current value of the
						portion you own? Do not deduct secured claims or exemptions.
	Examp No			ur home, in a safe deposit box, and on hand v	when you file your petiti	on
	100					
					Cash	\$100.00
E	•			accounts; certificates of deposit; shares in crounts with the same institution, list each.	edit unions, brokerage	houses, and other similar
	Yes			Institution name:		
			17.1.	bank Navy FCU and SECU		\$350.00
			or publicly traded stoc investment accounts wi	ks h brokerage firms, money market accounts		
	No Yes		Institution or is:	suer name:		
а	ınd joi	blicly traded st	ock and interests in inc	corporated and unincorporated businesses	s, including an interes	st in an LLC, partnership,
	No	Civo constituite	formation should the area			
Ц	res.	Give specific in	formation about them Name of entity:		% of ownership:	

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De	ebtor 1	Kimdra L. McNeil	Case	e number (if known)	19-10430
20.	Negoti	iable instruments include personal checks	negotiable and non-negotiable instruments, cashiers' checks, promissory notes, and money ot transfer to someone by signing or delivering the		
		Give specific information about them Issuer name:			
	Examp ■ No		(k), 403(b), thrift savings accounts, or other pensi	on or profit-sharing p	plans
	☐ Yes.	List each account separately. Type of account:	Institution name:		
22.	Your s		le so that you may continue service or use from a ent, public utilities (electric, gas, water), telecomr		ies, or others
			Institution name or individual:		
23.	Annuiti ■ No	ies (A contract for a periodic payment of r	noney to you, either for life or for a number of yea	ars)	
	☐ Yes	Issuer name and descriptio	n.		
24.		ts in an education IRA, in an account in C. §§ 530(b)(1), 529A(b), and 529(b)(1).	a qualified ABLE program, or under a qualific	ed state tuition pro	gram.
	Yes	Institution name and descri	ption. Separately file the records of any interests	.11 U.S.C. § 521(c):	
	■ No	equitable or future interests in propertion.	ty (other than anything listed in line 1), and rig	jhts or powers exe	rcisable for your benefit
26.		s, copyrights, trademarks, trade secrets oles: Internet domain names, websites, pro	s, and other intellectual property oceeds from royalties and licensing agreements		
	☐ Yes.	Give specific information about them			
	Examp ■ No		gibles cooperative association holdings, liquor licenses,	professional license	es
	☐ Yes.	Give specific information about them			
M	oney or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	_	unds owed to you			
	■ No □ Yes.	Give specific information about them, incl	uding whether you already filed the returns and th	ne tax years	
	Examp ■ No		sal support, child support, maintenance, divorce s	settlement, property	settlement
	⊔ res.	Give specific information			
	Examp ■ No	amounts someone owes you bles: Unpaid wages, disability insurance pa benefits; unpaid loans you made to s Give specific information	ayments, disability benefits, sick pay, vacation pa comeone else	ıy, workers' comper	nsation, Social Security
		On a apoonio inionnation.			

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De	btor 1	Kimdra L. McNeil	Case number (if known)	19-10430
	Examp	es in insurance policies les: Health, disability, or life insurance; health savings account (HSA); cred	dit, homeowner's, or renter's insura	nce
	■ No □ Yes. N	Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
32.	If you a someor	erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance per has died.	olicy, or are currently entitled to red	ceive property because
	■ No □ Yes.	Give specific information		
	Exampa ■ No	against third parties, whether or not you have filed a lawsuit or made les: Accidents, employment disputes, insurance claims, or rights to sue Describe each claim	e a demand for payment	
	■ No	ontingent and unliquidated claims of every nature, including counter	rclaims of the debtor and rights t	o set off claims
	■ No	ancial assets you did not already list Give specific information		
36		ne dollar value of all of your entries from Part 4, including any entries rt 4. Write that number here		\$450.00
Pa	rt 5: Des	cribe Any Business-Related Property You Own or Have an Interest In. List any re	eal estate in Part 1.	
ı	No. Go	wn or have any legal or equitable interest in any business-related property? to Part 6. o to line 38.		
Pai	rt 6: Des	cribe Any Farm- and Commercial Fishing-Related Property You Own or Have an u own or have an interest in farmland, list it in Part 1.	Interest In.	
46.	No. 0	own or have any legal or equitable interest in any farm- or commerci Go to Part 7. Go to line 47.	ial fishing-related property?	
Pa	rt 7:	Describe All Property You Own or Have an Interest in That You Did Not List Ab	ove	
	Examp. ■ No	have other property of any kind you did not already list? Jes: Season tickets, country club membership		
		Give specific information ne dollar value of all of your entries from Part 7. Write that number he	216	\$0.00

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Debtor 1 Kimdra L. McNeil		Case number (if known)	19-10430
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2			\$490,000.00
56. Part 2: Total vehicles, line 5	\$25,000.00		
57. Part 3: Total personal and household items, line 15	\$4,350.00		
58. Part 4: Total financial assets, line 36	\$450.00		
59. Part 5: Total business-related property, line 45	\$0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7: Total other property not listed, line 54 +	\$0.00		
62. Total personal property. Add lines 56 through 61	\$29,800.00	Copy personal property to	stal \$29,800.00
63. Total of all property on Schedule A/B. Add line 55 + line 62			\$519,800.00

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Fill in this infor	rmation to identify your	case:		
Debtor 1	Kimdra L. McNeil			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF MARYLAND		
Case number	19-10430			
(if known)				☐ Check if this is a amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	dentify the	Property '	You Claim	as Exemp
---------	-------------	------------	-----------	----------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
171 35th Street, NE Washington, DC 20019-9000 District of Columb	\$490,000.00		\$23,675.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(2)
County Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	110013 11 00 (1)(1)(1)(1)
2015 BMW X3 Line from Schedule A/B: 3.1	\$25,000.00		\$100.00	Md. Code Ann., Cts. & Jud Proc. § 11-504(b)(5)
Ellie Holli Gonedale Av.B. G.1			100% of fair market value, up to any applicable statutory limit	1100.3 11 004(2)(0)
furnishing Line from Schedule A/B: 6.1	\$2,850.00		\$1,000.00	Md. Code Ann., Cts. & Jud Proc. § 11-504(b)(4)
Ellic Holli Gonedale 772. GT			100% of fair market value, up to any applicable statutory limit	1100.3 11 004(3)(4)
clothing Line from Schedule A/B: 11.1	\$900.00		\$900.00	Md. Code Ann., Cts. & Jud Proc. § 11-504(b)(4)
Ellio II on Concadio 7V B. TTT			100% of fair market value, up to any applicable statutory limit	110013 11 00 ((2)(1)
watch, ring, necklace	\$600.00		\$600.00	Md. Code Ann., Cts. & Jud Proc. § 11-504(f)(1)(i)(1)
Ello Holli Goriodalo 7VD. 1211			100% of fair market value, up to any applicable statutory limit	
			, ,,	

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Debtor 1	Kimdra L. McNeil			Case number (if known)	19-10430	
	f description of the property and line on edule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption	
		Copy the value from Schedule A/B	Check only or	ne box for each exemption.		
	nk Navy FCU and SECU e from Schedule A/B: 17.1			\$350.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)	
LINE	e IIOIII Schedule A/B. 11.1			of fair market value, up to plicable statutory limit	1100. 3 11-304(b)(3)	
	you claiming a homestead exemption bject to adjustment on 4/01/19 and every No			or after the date of adjustme	nt.)	
	Yes. Did you acquire the property covere	ed by the exemption wi	thin 1,215 day	ys before you filed this case	?	
	□ No					
	☐ Yes					

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Fill in this information to identify y	our case:			
Debtor 1 Kimdra L. McN				
First Name	Middle Name Last Name			
Debtor 2 (Spouse if, filling) First Name	Middle Name Last Name			
United States Bankruptcy Court for th	DISTRICT OF MARYLAND			
Case number 19-10430				
(if known)			_	if this is an led filing
			amend	aed IIIII 19
Official Form 106D				
Schedule D: Creditor	s Who Have Claims Secure	ed by Property	y	12/15
Be as complete and accurate as possible	. If two married people are filing together, both are ed	qually responsible for supp	olying correct information	n. If more space is
needed, copy the Additional Page, fill it oknown).	ut, number the entries, and attach it to this form. On	the top of any additional pa	ages, write your name a	nd case number (if
Do any creditors have claims secured I	by your property?			
☐ No. Check this box and submi	t this form to the court with your other schedules	. You have nothing else	to report on this form.	
Yes. Fill in all of the information	n below.			
Part 1: List All Secured Claims				
2. List all secured claims. If a creditor has	more than one secured claim, list the creditor separatel	y for Column A	Column B	Column C
each claim. If more than one creditor has a as possible, list the claims in alphabetical or	particular claim, list the other creditors in Part 2. As murder according to the creditor's name	ch Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
	•	value of collateral.	claim	if any
2.1 Navy FCU Creditor's Name	Describe the property that secures the claim: 2015 BMW X3	\$25,000.00	\$21,000.00	\$4,000.00
	2013 BIVIVV AS			
	As of the date you file, the claim is: Check all that			
P. O. Box 3700 Merrifield, VA 22119	apply.			
Number, Street, City, State & Zip Code	☐ Contingent☐ Unliquidated			
Number, Street, Oity, State & Zip Sode	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage or s car loan)	ecured		
Debtor 2 only				
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt	, , ,			
Date debt was incurred	Last 4 digits of account number			
2.2 Wells Fargo Bank Creditor's Name	Describe the property that secures the claim:	\$378,012.00	\$470,000.00	\$0.00
Creditor 3 Name	171 35th Street, NE, Washington, DC 20019			
	As of the date you file, the claim is: Check all that			
P. O. Box 10347 Des Moines, IA 50306	apply.			
Number, Street, City, State & Zip Code	☐ Contingent ☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or s	ecured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	☐ Other (including a right to offset)			
community debt	,			
Date debt was incurred	Last 4 digits of account number			

Official Form 106D

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Debtor 1	Kimdra L. McNeil			Case number (if known)	19-10430
	First Name	Middle Name	Last Name		

Add the dollar value of your entries in Column A on this page. Write that number here: \$403,012.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$403,012.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

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	Case 19	-10 4 30 D00 I-	+ 1 lieu 02/03/	19 Tage 100	1 22		
Fill in this in	nformation to identify your ca	se:					
Debtor 1	Kimdra L. McNeil						
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name				
United State	s Bankruptcy Court for the: [DISTRICT OF MARYLAN	ND				
0	_						
Case numbe	er <u>19-10430</u>					Check if amended	this is an
Official E	orm 106E/E						Ü
	orm 106E/F e E/F: Creditors Wh	o Havo Uneocu	rod Claims				12/15
any executory Schedule G: E: D: Creditors W	e and accurate as possible. Use Pacontracts or unexpired leases that xecutory Contracts and Unexpired /ho Have Claims Secured by Prope on Page to this page. If you have n wn).	t could result in a claim. A Leases (Official Form 106 erty. If more space is need	also list executory contra iG). Do not include any c ed, copy the Part you ne	acts on Schedule A/B: Pro reditors with partially sec ed, fill it out, number the	pperty (Offic cured claims entries in th	ial Form 10 s that are lise se boxes on	06A/B) and on sted in Schedule of the left. Attach
Part 1: Li	st All of Your PRIORITY Unse	cured Claims					
	reditors have priority unsecured cl	aims against you?					
☐ No. Go ■ Yes.	o to Part 2.						
identify wh possible, I 1. If more	your priority unsecured claims. If not type of claim it is. If a claim has be ist the claims in alphabetical order act than one creditor holds a particular opportunities of each type of claim, see the second of t	oth priority and nonpriority a according to the creditor's nar laim, list the other creditors	mounts, list that claim here me. If you have more than in Part 3.	e and show both priority an two priority unsecured clair	d nonpriority	amounts. A e Continuati	s much as
2.1 DC	Government	Last 4 digits of a	account number	\$10,000.00	amount	\$0.00	\$10,000.00
Priori	ity Creditor's Name			<u> </u>		40.00	- + 10,000100
	4th Street, NW shington, DC 20001	When was the d	ebt incurred?		-		
	ber Street City State Zlp Code	As of the date ye	ou file, the claim is: Che	ck all that apply			
Who inc	curred the debt? Check one.	☐ Contingent					
■ Debte	or 1 only	☐ Unliquidated					
☐ Debte	or 2 only	☐ Disputed					
☐ Debte	or 1 and Debtor 2 only	Type of PRIORIT	ΓY unsecured claim:				
☐ At lea	ast one of the debtors and another	☐ Domestic sup	port obligations				
☐ Chec	ck if this claim is for a community	debt Taxes and ce	rtain other debts you owe	the government			
Is the cla	aim subject to offset?	☐ Claims for de	ath or personal injury while	e you were intoxicated			
■ No		Other. Specify	y				
☐ Yes							
Part 2: Li	st All of Your NONPRIORITY	Unsecured Claims					
3. Do any cr	editors have nonpriority unsecure	d claims against you?					
☐ No. Yo	ou have nothing to report in this part.	Submit this form to the cour	t with your other schedule	S.			
Yes.							
claim, list	your nonpriority unsecured claims the creditor separately for each claim olds a particular claim, list the other c	n. For each claim listed, iden	tify what type of claim it is	. Do not list claims already	included in F	Part 1. If mor	re than one

Total claim

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Debtor	1 Kimdra L. McNeil	Case number (if known) 19-10430	
	Comptroller of the Treasury	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name STate of Maryland	When was the debt incurred?	
	301 W. Preston Street		
	Baltimore, MD 21201		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	■ Debtor 1 only	☐ Unliquidated	
	Debtor 2 only	☐ Disputed	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2	Internal Revenue Services	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name		
	31 Hopkins Plaza Room 1150	When was the debt incurred?	
	Baltimore, MD 21201		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	■ Debtor 1 only	<u> </u>	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.3	Sallie Mae	Last 4 digits of account number	\$80,000.00
	Nonpriority Creditor's Name		+++++++++++++++++++++++++++++++++++++
	P. O. Box 9500	When was the debt incurred?	
_	Wilkes Barre, PA 18773 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dain is. Oneck an that apply	
	■ Debtor 1 only	☐ Contingent	
		☐ Unliquidated	
	Debtor 2 only	☐ Disputed	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Kimdra L. McNeil Case number (if known) 19-10430

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	10,000.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	10,000.00
					Total Claim
	6f.	Student loans	6f.	\$	Total Claim 0.00
Total claims from Part 2	6f. 6g.	Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.	\$	
		Obligations arising out of a separation agreement or divorce that you		·	0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. 6h.	·	0.00

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Fill in this infor	mation to identify your	case:		
Debtor 1	Kimdra L. McNeil			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF MARYLAND)	
Case number	19-10430			
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

F	Person or	company with Name, Number	whom you have the , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.2	Niere				
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	<u> </u>		<u> </u>	2 0000	
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	

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				•	
Fill in this info	ormation to identify your	case:			
Debtor 1	Kimdra L. McNeil				
D. I. (First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States I	Bankruptcy Court for the:	DISTRICT OF MARYLA	AND		
Casa numbar	40.40400				
Case number (if known)	19-10430				☐ Check if this is an
					amended filing
o	40011				
Official F	orm 106H				
Schedul	e H: Your Code	ebtors			12/15
eople are filin	g together, both are equ	ally responsible for sup	plying correct informa	tion. If more space is ne	eeded, copy the Additional Page
					te as possible. If two married
	number the entries in the I case number (if known)			to this page. On the top	of any Additional Pages, write
our manne and	rease number (ii known)	. Allswel every question	•		
1. Do you	have any codebtors? (If y	ou are filing a joint case,	do not list either spouse	e as a codebtor.	
■ N.					
■ No □ Yes					
□ res					
					states and territories include
Arizona, C	alifornia, Idaho, Louisiana,	Nevada, New Mexico, Pu	ierto Rico, Texas, Wash	nington, and Wisconsin.)	
■ No. Go	to line 3				
	d your spouse, former spou	use, or legal equivalent liv	e with you at the time?		
	. you. opouce, .cc. opoc	.oo, o. logal oquitaloni iii	o man you at ano amor		
	4 11 4 11 4 1 1 1 4	5			
					with you. List the person show e creditor on Schedule D (Official)
Form 106I	D), Schedule E/F (Official				Schedule E/F, or Schedule G to
fill out Co	lumn 2.				
Colu	mn 1: Your codebtor			Column 2: The cred	litor to whom you owe the debt
Name	, Number, Street, City, State and ZII	P Code		Check all schedules	that apply:
0.4				По	
3.1 Name	1			☐ Schedule D, line	
				☐ Schedule E/F, lin☐ Schedule G, line	
				Scriedule G, line	
Numb	er Street	State	ZIP Code		
City		State	ZIP Code		
3.2				Schedule D, line	
Name	1			☐ Schedule E/F, lin	
				☐ Schedule G, line	
Numb	er Street			_	
City		State	ZIP Code		

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							_				
	in this information t										
Del	btor 1	Kimdra L. M	cNeil			_					
	btor 2 buse, if filing)					_					
Uni	ited States Bankrup	otcy Court for the	: DISTRICT OF MARY	LAND							
Cas	se number 19-	-10430					Check	c if this is:			
(If kr	nown)			-			☐ Ar	n amende	d filing		
										ng postpetition ollowing date:	
<u>O</u>	fficial Form	<u> 1061</u>					M	M / DD/ Y	YYY		
S	chedule I:	Your Inc	ome								12/15
atta	ch a separate she	et to this form. e Employment	r spouse is not filing w On the top of any additi	ional pages, write y				imber (if	known). A	Answer every	
	information.			Debtor 1						iling spouse	
	If you have more attach a separate	•	Employment status	■ Employed				☐ Emplo	,		
	information about employers.	additional		☐ Not employed				□ Not e	прюуеа		
		account or	Occupation	security							
	Include part-time, self-employed wo		Employer's name	Allied Universa	l						
	Occupation may i or homemaker, if		Employer's address	2034` Eisenhow #140 Alexandria, VA		nue					
			How long employed t	here?							
Pai	rt 2: Give De	tails About Mor	nthly Income								
	mate monthly incouse unless you are		ate you file this form. If	you have nothing to	report for	any	line, write	\$0 in the	e space. Ir	nclude your no	n-filing
	ou or your non-filing e space, attach a s		ore than one employer, cothis form.	ombine the information	on for all	emp	loyers for	that pers	on on the	lines below. If	you need
							For Deb	tor 1		btor 2 or ing spouse	
2.			ry, and commissions (b calculate what the month		2.	\$	2,	383.33	\$	N/A	
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	2,38	3.33	\$	N/A	

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Debt	or 1	Kimdra L. McNeil	_	C	ase number (if known)	19-10430		
				ı	For Debtor 1	For Debto	r 2 or	
						non-filing	spouse	
	Cop	y line 4 here	4.		\$2,383.33	\$	N/A	-
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	9	\$ 606.67	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.		\$ 0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	9	\$ 0.00	\$	N/A	•
	5d.	Required repayments of retirement fund loans	5d.	9	\$ 0.00	\$	N/A	-
	5e.	Insurance	5e.	9	\$ 0.00	\$	N/A	-
	5f.	Domestic support obligations	5f.	9	\$	\$	N/A	
	5g.	Union dues	5g.		\$	\$	N/A	
	5h.	Other deductions. Specify:	_ 5h	+ 3	\$0.00	+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	606.67	\$	N/A	-
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,776.66	\$	N/A	-
8.		all other income regularly received:						
	8a.	Net income from rental property and from operating a business, profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.		\$3,500.00	\$	N/A	<u>-</u>
	8b.	Interest and dividends	8b.	3	\$0.00	\$	N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce						
		settlement, and property settlement.	8c.	9	\$ 0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	9	\$ 0.00	\$	N/A	
	8e.	Social Security	8e.	5	\$ 0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive						
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental	Э					
		Nutrition Assistance Program) or housing subsidies.						
		Specify:	8f.	9	\$ 0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	9	\$ 0.00	\$	N/A	-
	8h.	Other monthly income. Specify:	8h	+ 5	\$ 0.00	+ \$	N/A	-
9.	٧٩٩	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2 500 00	\$	N/A	
9.	Auu	an other income. Add lines datobrocrourderolrogram.	Э.	Ψ	3,500.00	Ψ	IN/A	
40	0-1-	udete menthly become Add Free 7 a Free 0	40 6	•	5 070 CC	NI/A		E 070 00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		5,276.66 + \$_	N/A	_ = \$	5,276.66
11.		e all other regular contributions to the expenses that you list in Schedule						
		lde contributions from an unmarried partner, members of your household, your r friends or relatives.	aepe	enae	ents, your roommate	s, and		
		not include any amounts already included in lines 2-10 or amounts that are not	availa	able	to pay expenses lis	ted in Schedu	ıle J.	
	Spec	cify:			. , ,	11.	+\$	0.00
			,					
12.		the amount in the last column of line 10 to the amount in line 11. The res						
	appli	e that amount on the S <i>ummary of Schedules</i> and <i>Statistical Summary of Certa</i> ies	ıırı Lia	DIIIL	iles and Related Dat	a, II II 12.	\$	5,276.66
	арріі							
							Combin	ned y income
13.	Do v	ou expect an increase or decrease within the year after you file this form	?				monung	, ancome
	•	No.						
	$\overline{}$	Yes Explain:						

Official Form 106I Schedule I: Your Income page 2

Filli	n this informa	tion to identify yo	our case.			ı			
Debt		Kimdra L. M				Ch	eck if this is:		
Debt	01 1	Killiula L. Wi	CINCII		_			d filing	
Debt (Spo	or 2 use, if filing)							nt showing postpetition cl s as of the following date:	
Unite	ed States Bankri	intev Court for the:	DISTRI	CT OF MARYLAND			MM / DD / Y	VVV	
			DIOTICI	OT OF MARTEAND			WIWI / DD / T		
(If kn		-10430							
Of	ficial Fo	rm 106J							
Sc	hedule	J: Your	Exper	nses					12/15
info	rmation. If m		eded, atta	. If two married people a ach another sheet to this n.					
Part		ibe Your House	hold						
1.	Is this a join								
	■ No. Go to		in a separ	ate household?					
	□ No								
			st file Offic	ial Form 106J-2, Expense	s for Separate Hous	ehold of D	ebtor 2.		
2.	Do you have	e dependents?	■ No						
	Do not list Do and Debtor 2		☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Depender age	nt's Does dependen live with you?	it .
	Do not state							□ No	
	dependents	names.						□ Yes □ No	
								□ Yes	
								□ No	
								□ Yes □ No	
								Property of the second se	
3.	, ,	enses include people other t	han	No					
		your depende		Yes					
		ate Your Ongoi							
exp				uptcy filing date unless y sy is filed. If this is a sup					
				government assistance					
	value of such icial Form 10		d have inc	cluded it on Schedule I:	Your Income		You	ur expenses	
4.		r home owners d any rent for th		ises for your residence. I or lot.	nclude first mortgag	je 4.	\$	750.00	
	If not includ	ed in line 4:							
	4a. Real e	state taxes				4a.	\$	0.00	
		rty, homeowner's				4b.	\$	0.00	
		maintenance, re owner's associat		upkeep expenses		4c. 4d.	\$ \$	0.00	
5.				our residence, such as ho	me equity loans	4a. 5.	·	0.00	

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Debtor 1	Kimdra L. McNeil	Case num	ber (if known)	19-10430
6. Utili t	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	0.00
6b.	Water, sewer, garbage collection	6b.	\$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	140.00
6d.	Other. Specify:	6d.	\$	0.00
7. Food	d and housekeeping supplies	7.	\$	400.00
3. Chile	dcare and children's education costs	8.	\$	0.00
. Clot	hing, laundry, and dry cleaning	9.	\$	100.00
0. Pers	onal care products and services	10.	\$	150.00
	ical and dental expenses	11.	\$	100.00
	sportation. Include gas, maintenance, bus or train fare.			
	ot include car payments.	12.	\$	400.00
Ente	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	140.00
4. Chai	ritable contributions and religious donations	14.	\$	0.00
5. Insu	rance.			
	ot include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	200.00
15d.	Other insurance. Specify:	15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		_	
Spec	·	16.	\$	0.00
	allment or lease payments: Car payments for Vehicle 1	17a.	\$	660.00
	Car payments for Vehicle 2	17a. 17b.		0.00
	Other Specific cell phone	17b. 17c.	*	120.00
	Other. Specify:	17d.		0.00
	r payments of alimony, maintenance, and support that you did not report as		Ψ	0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spec		19.		
	er real property expenses not included in lines 4 or 5 of this form or on Sch			
20a.	Mortgages on other property	20a.		1,800.00
20b.	Real estate taxes	20b.		0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
1. Othe	er: Specify:	21.	+\$	0.00
Calc	ulate your monthly expenses			
	Add lines 4 through 21.		\$	4,960.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	4,900.00
			l :	4 200 20
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	4,960.00
	ulate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,276.66
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	4,960.00
23c.	Subtract your monthly expenses from your monthly income.	23c.	\$	316.66
	The result is your <i>monthly net income</i> .	200.	<u> </u>	
For e	rou expect an increase or decrease in your expenses within the year after you ample, do you expect to finish paying for your car loan within the year or do you expect your dication to the terms of your mortgage?			se or decrease because of a
ΠY	es. Explain nele.			

Fill in this info	rmation to identify your	case:				
Debtor 1	Kimdra L. McNeil					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		DISTRICT OF MARYLAND				
Case number	19-10430					
(if known)					ck if this is an nded filing	
You must file thoo taining mone	nis form whenever you fi	n connection with a bankrupt	mended schedules. Maki	nformation. ing a false statement, conceal s up to \$250,000, or imprisonn		
Sig	gn Below					
Did you p	ay or agree to pay some	one who is NOT an attorney t	o help you fill out bankru	iptcy forms?		
■ No						
☐ Yes.	Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)		
	alty of perjury, I declare re true and correct.	that I have read the summary	and schedules filed with	n this declaration and		
Y lel Viv	mdra L. McNeil		X			
Kimdı	ra L. McNeil ure of Debtor 1		Signature of Debto	r 2		
Date	February 5. 2019		Date			